[National Injury Insurance Agency, Queensland](https://niis.qld.gov.au/)

# Accepted injury-related pharmaceutical or medications form

This form is to assist your doctor to provide NIISQ Agency with information required to fund your accepted

injury-related pharmacy or medication needs. Your NIISQ Support Planner may also organise a pharmacy account with your chosen pharmacy for supply of your accepted injury medications.

When booking your appointment, an extended consultation may be required for the completion of this form. This form is to provide:

* Current list of medications/pharmaceuticals prescribed to you by your doctor
* Doctor’s clarification of what each medication is being prescribed to treat/manage
* Prescribing doctor’s details and signature.

Once completed and signed by your doctor, please return this form to your NIISQ Support Planner, or email to

requests@niis.qld.gov.au or return to: NIISQ Agency, GPO Box 1391, Brisbane, Qld 4001.

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| --- |
| Participant’s details |
| Participant name |  | NIISQ case number |  |
| Participant address |  |
| City/suburb |  | State |  | Postcode |  |
| Participant email address |  |
| Participant phone |  | Date of accident |  |
| Accepted injury (serious personal injury) | Other personal injuries/complications |
| Traumatic brain injury | [ ]  |  |
| Spinal cord injury | [ ]  |
| Burns | [ ]  |
| Blindness | [ ]  |
| Amputation | [ ]  |
| Permanent injury to the brachial plexus | [ ]  |
| Pre-existing health/medical condition and injuries (please provide copy of GP health summary) |
|  |
| Form and prescription completed by |
| Doctor’s full name |  |
| Clinic address |  |
| Phone |  | Signature |
| Date |  |
| Email |  |

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# Current medications summary

To include more medications, download an [additional medications page](https://niis.qld.gov.au/for-service-providers/forms-and-templates/#section__equipment-and-consumables-requests) from our website or duplicate this page.

Please attach a current and complete medication summary, annotating which medications relate to NIISQ accepted injuries OR complete the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medication name | Dosage | Directions | Indication | Relationship to the accepted injuries(Y/N)? | If ‘Yes’, please outline how this medication is related to the accepted injury |
| *e.g. Baclofen (Clofen)* | *e.g. 10mg tablets* | *e.g. Take half a tablet, 3 times a day* | *e.g. Treat muscle spasm, pain and stiffness* | *e.g. Y* | *e.g. Secondary to spinal cord injury* |
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Are any of the above medications prescribe for the sole purpose of controlling behaviour? Yes [ ]  No [ ]

If yes, which medication(s):

What is the behaviour being controlled?

# My preferred pharmacy/chemist

NIISQExForm28

|  |
| --- |
| First preference |
| Pharmacy |  |
| Address |  |
| Contact name |  |
| Phone |  |
| Email |  |
| Second preference |
| Pharmacy |  |
| Address |  |
| Contact name |  |
| Phone |  |
| Email |  |



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